

IN THE UNITED STATES DISTRICT COURT  
FOR THE EASTERN DISTRICT OF PENNSYLVANIA

**CASE MANAGEMENT TRACK DESIGNATION FORM**

Bynum

: CIVIL ACTION

v.

: NO. 18 5395

Murray, et. al.

In accordance with the Civil Justice Expense and Delay Reduction Plan of this court, counsel for plaintiff shall complete a Case Management Track Designation Form in all civil cases at the time of filing the complaint and serve a copy on all defendants. (See § 1:03 of the plan set forth on the reverse side of this form.) In the event that a defendant does not agree with the plaintiff regarding said designation, that defendant shall, with its first appearance, submit to the clerk of court and serve on the plaintiff and all other parties, a Case Management Track Designation Form specifying the track to which that defendant believes the case should be assigned.

**SELECT ONE OF THE FOLLOWING CASE MANAGEMENT TRACKS:**

(a) Habeas Corpus – Cases brought under 28 U.S.C. § 2241 through § 2255.

(b) Social Security – Cases requesting review of a decision of the Secretary of Health and Human Services denying plaintiff Social Security Benefits.

(c) Arbitration – Cases required to be designated for arbitration under Local Civil Rule 53.2.

(d) Asbestos – Cases involving claims for personal injury or property damage from exposure to asbestos.

(e) Special Management – Cases that do not fall into tracks (a) through (d) that are commonly referred to as complex and that need special or intense management by the court. (See reverse side of this form for a detailed explanation of special management cases.

(f) Standard Management – Cases that do not fall into any one of the other tracks.  555

DEC 13 2018  
\_\_\_\_\_  
Date

*Paul M. Gable*  
\_\_\_\_\_  
Deputy Clerk

\_\_\_\_\_  
Attorney for

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
FAX Number

\_\_\_\_\_  
E-Mail Address

UNITED STATES DISTRICT COURT  
FOR THE EASTERN DISTRICT OF PENNSYLVANIA

18 5395

## DESIGNATION FORM

(to be used by counsel or pro se plaintiff to indicate the category of the case for the purpose of assignment to the appropriate calendar)

Address of Plaintiff: 1287 County Welfare Road, Leesport, PA 19533

Address of Defendant:

Place of Accident, Incident or Transaction: Berks

## RELATED CASE, IF ANY:

Case Number: \_\_\_\_\_ Judge: \_\_\_\_\_ Date Terminated: \_\_\_\_\_

Civil cases are deemed related when **Yes** is answered to any of the following questions:

1. Is this case related to property included in an earlier numbered suit pending or within one year previously terminated action in this court?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. Does this case involve the same issue of fact or grow out of the same transaction as a prior suit pending or within one year previously terminated action in this court?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. Does this case involve the validity or infringement of a patent already in suit or any earlier numbered case pending or within one year previously terminated action of this court?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4. Is this case a second or successive habeas corpus, social security appeal, or pro se civil rights case filed by the same individual?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

I certify that, to my knowledge, the within case  is /  is not related to any case now pending or within one year previously terminated action in this court except as noted above.

DATE: 12/13/2018

*Dan McEachern*

Attorney-at-Law / Pro Se Plaintiff

Attorney I.D. # (if applicable)

## CIVIL: (Place a √ in one category only)

## A. Federal Question Cases:

- 1. Indemnity Contract, Marine Contract, and All Other Contracts
- 2. FELA
- 3. Jones Act-Personal Injury
- 4. Antitrust
- 5. Patent
- 6. Labor-Management Relations
- 7. Civil Rights 555
- 8. Habeas Corpus
- 9. Securities Act(s) Cases
- 10. Social Security Review Cases
- 11. All other Federal Question Cases  
(Please specify): \_\_\_\_\_

## B. Diversity Jurisdiction Cases:

- 1. Insurance Contract and Other Contracts
- 2. Airplane Personal Injury
- 3. Assault, Defamation
- 4. Marine Personal Injury
- 5. Motor Vehicle Personal Injury
- 6. Other Personal Injury (Please specify): \_\_\_\_\_
- 7. Products Liability
- 8. Products Liability – Asbestos
- 9. All other Diversity Cases  
(Please specify): \_\_\_\_\_

## ARBITRATION CERTIFICATION

(The effect of this certification is to remove the case from eligibility for arbitration.)

I, \_\_\_\_\_, counsel of record or pro se plaintiff, do hereby certify:

- Pursuant to Local Civil Rule 53.2, § 3(c) (2), that to the best of my knowledge and belief, the damages recoverable in this civil action case exceed the sum of \$150,000.00 exclusive of interest and costs:
- Relief other than monetary damages is sought.

DATE: \_\_\_\_\_

Attorney-at-Law / Pro Se Plaintiff

Attorney I.D. # (if applicable)

NOTE: A trial de novo will be a trial by jury only if there has been compliance with F.R.C.P. 38.

GEKP

UNITED STATES DISTRICT COURT  
EASTERN DISTRICT OF PENNSYLVANIA

5

Vincent Bynum

18 5395

(In the space above enter the full name(s) of the plaintiff(s).)

- against -

Official Officer "Murray"

Official Officer "Brice"

Official Officer "Pavoklo"

Official Officer "S.O.G"

**COMPLAINT**

under the  
Civil Rights Act, 42 U.S.C. § 1983  
(Prisoner Complaint)

Jury Trial:  Yes  No  
(check one)

FILED  
DEC 13 2018  
By KATE BARKMAN, Clerk  
Dep. Clerk

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

**I. Parties in this complaint:**

A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff Name Vincent Bynum  
ID # 2018-1414  
Current Institution Berks County Jail System  
Address 1287 County Welfare Road  
Leesport, P.A 19533-9397

B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1

Name CIO Murray Shield # N/AWhere Currently Employed Berks County JailAddress 1287 County welfare RndLeesport, PA. 19533-9397

Defendant No. 2

Name CIO Brice Shield # N/AWhere Currently Employed Berks County JailAddress 1287 County welfare RndLeesport, PA 19533-9397

Defendant No. 3

Name CIO Pavliko Shield # N/AWhere Currently Employed Berks County JailAddress 1287 County welfare RoadLeesport, PA. 19533-9397

Defendant No. 4

Name Official S.O.G's Shield # N/AWhere Currently Employed Berks County JailAddress 1287 County welfare RoadLeesport, PA. 19533-9397

Defendant No. 5

Name \_\_\_\_\_ Shield # \_\_\_\_\_

Where Currently Employed \_\_\_\_\_

Address \_\_\_\_\_

## II. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. In what institution did the events giving rise to your claim(s) occur? Berks County  
Jail System

B. Where in the institution did the events giving rise to your claim(s) occur? Detta Unit  
(the Hole)

C. What date and approximate time did the events giving rise to your claim(s) occur? 10-12-18

1305 hrs. (1:05 pm)

What  
happened  
to you?

D. Facts: I was inside my Cell 111 the Inmate on Top of me Sending piss down my pipe I yelled up to the Inmate and ask what's his beef he Stated Officer Murray requested him to piss down my pipe So I wanted Out my Cell So the nurse Came to See me then I refuse to go back in Cell The Officer "Murray, Beice and Pavoklo punch, kick, and mase me well I was Cuff after that I was put in the Shower and the S.O.G's had mase me Again told me to take off my Cloths by in the Dirty Shower well mase was all over the Floor Claw backfowards well I had no Cloths On put in the Chair after that well I was hand-Cuff from the back Place in the CELL without Any Cloths after that I didn't take a Shower in 3 days EveryOne that was On Delta Saw what happen, the people that was Involved was the Officers and S.O.G's medical Did not See me for no injuries Support I was tasting pepper Spray for three days all in my hair and body. On October, 12, 18 at 1:05 pm The Jail Seen it also (Cameras)

Who  
did  
what?

Was  
anyone  
else  
involved?

Who else  
saw what  
happened?

### III. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received. I Did not have no Cuts but I did

have bruises on my body From what the Officers Beice, Murray and Pavoklo did to me medical Did not want to See if I was hurt because of the Staff thought in was a Joke or funny because I was begging for help Due to the fact they mased me not official like..

### IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a

prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes  No

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

Berks County Jail

B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes  No  Do Not Know

C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes  No  Do Not Know

If YES, which claim(s)? \_\_\_\_\_

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes  No

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes  No

E. If you did file a grievance, about the events described in this complaint, where did you file the grievance?

Berks County Jail

1. Which claim(s) in this complaint did you grieve? MisTreated me, physically abusive me, (UnSanitary Confinement, Had Upstairs Inmates Taken apart Any C/I) involve these Violent Acts Against me.
2. What was the result, if any? No Disciplinary Action where
3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process. I took the following processes (Grievance Form and now Court Action) that I know of To take the highest level of the Grievance process. I hope this Appeal would better this decision of there Actions.

piss down my pipe and cell  
Confine with mase on my body  
in my cell for three days)

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here: \_\_\_\_\_

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2. If you did not file a grievance but informed any officials of your claim, state who you informed, when and how, and their response, if any: \_\_\_\_\_

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G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies. \_\_\_\_\_

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Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

V. Relief:

State what you want the Court to do for you (including the amount of monetary compensation, if any, that you are seeking and the basis for such amount). I am not Doing this for Any money or Compensation, I'm doing this So no other Inmate or person would go through this physical abusive that

That I been through. My Compensation for this lawsuit  
~~begs~~ being Filed is to know that Justice is being Served.  
Any further Claims of Compensation will be discuss with my  
Lawyer.

## VI. Previous lawsuits:

A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

On  
these  
claims

Yes  No

B. If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same format. )

1. Parties to the previous lawsuit:

**Plaintiff**

## Defendants

2. Court (if federal court, name the district; if state court, name the county)

3. Docket or Index number

4. Name of Judge assigned to your case \_\_\_\_\_
5. Approximate date of filing lawsuit \_\_\_\_\_
6. Is the case still pending? Yes \_\_\_\_\_ No \_\_\_\_\_  
If NO, give the approximate date of disposition \_\_\_\_\_
7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?)  
\_\_\_\_\_  
\_\_\_\_\_

On other claims

- C. Have you filed other lawsuits in state or federal court?  
Yes \_\_\_\_\_ No
- D. If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1.  Parties to the previous lawsuit:

Plaintiff \_\_\_\_\_

Defendants \_\_\_\_\_

2. Court (if federal court, name the district; if state court, name the county) \_\_\_\_\_
3. Docket or Index number \_\_\_\_\_
4. Name of Judge assigned to your case \_\_\_\_\_
5. Approximate date of filing lawsuit \_\_\_\_\_
6. Is the case still pending? Yes \_\_\_\_\_ No \_\_\_\_\_  
If NO, give the approximate date of disposition \_\_\_\_\_
7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?)  
\_\_\_\_\_  
\_\_\_\_\_

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 19 day of Nov, 19, 20 18.

Signature of Plaintiff V. Bynum

Inmate Number 2018-1414

Vincent Bynum #2018-1414  
Institution Address Berks County Jail System  
1287 County Welfare Rd  
Leesport, PA 19533-9397

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Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this 19 day of Nov, 2018, I am delivering this complaint to prison authorities to be mailed to the Clerk's Office of the United States District Court for the Eastern District of Pennsylvania.

Signature of Plaintiff: V. Bynum.